

33977

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4297

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days) 30 Years

3. (a) PRINT FULL NAME Margaret Welch

3. (b) If veteran, fe no 3. (c) Social Security. HO
name war _____ No. _____

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife. unknown 6. (c) Age of husband or wife if alive. _____ years
7. Birth date of deceased Dec 9 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Louie Adams

12. Name Germany 13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cicero Hill

(b) Address Burial IO 7 1943

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 10-8-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3215 Garfield
(If rural, give location)
(e) Citizen of foreign country? Germany (Yes or No)
If yes, name country Germany

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th
year 1943 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 20th 1943 to Oct. 5th 1943
that I last saw her alive on Oct. 5th 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Embolism Duration _____

Due to _____
Due to 83.6

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. R. P. Shore (Specify type of place) Means of injury _____
Address Med. Dir. Gen'l Hosp. Date signed 10-8-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Chas. Wilks

Licensed Embalmer No.

2644

P. O. Address

1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.